2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2006
Secretary of State

DOCUMENT# F04000000908

Entity Name: CENTRAL VIRGINIA SERVICES, INC.

Current Principal Place of Business:

P.O. BOX 506
LOVINGSTON, VA 22949

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 506
LOVINGSTON, VA 22949

New Mailing Address:

FEI Number: 54-1814019 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INC.
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CP ( ) Delete
Name: SCARBORO, HOWARD L
Address: P.O. BOX 506
City-St-Zip: LOVINGSTON, VA 22949

Title: VCVP ( ) Delete
Name: SWAIN, HUGHES C
Address: P.O. BOX 506
City-St-Zip: LOVINGSTON, VA 22949

Title: DST ( ) Delete
Name: TURNER, JENNIFER W
Address: P.O. BOX 506
City-St-Zip: LOVINGSTON, VA 22949

Title: D ( ) Delete
Name: GOODLING, JACE
Address: P.O. BOX 506
City-St-Zip: LOVINGSTON, VA 22949

Title: D ( ) Delete
Name: GOIN, GEORGE N
Address: P.O. BOX 506
City-St-Zip: LOVINGSTON, VA 22949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change ( ) Addition
Name: VEST, GLORIA W
Address: P.O. BOX 506
City-St-Zip: LOVINGSTON, VA 22949

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD L. SCARBORO CP 03/23/2006

Electronic Signature of Signing Officer or Director — Date